

2012-2013 ALCOHOLIC BEVERAGE LICENSE RENEWAL APPLICATION

For the Use of: Individual Partnership Corporation Ltd. Liability Co. (LLC)

(2) Address of Licensed Facility: _____

(3) Current License #: _____ (4) Facility website (if any) _____

(5) Hours of operation: _____

(6) Are there any changes to the facts and information from your last issued alcoholic beverage license? (such as **address change(s), applicant name(s) change, change of licensees, criminal convictions, change in percentage of ownership, change in corporate officers, floor plan/layout, etc.**)

YES No *If YES, EXPLAIN on a separate sheet of paper.*

TO THE BOARD OF LICENSE COMMISSIONERS FOR MONTGOMERY COUNTY:

Each of the applicants listed below applies for renewal of the license now held, and submits the following required information in support of renewal:

(7) Applicant(s): Each applicant must provide name, home address, and home or cell phone number:

a. _____ (Name) _____ (Home Address/Zip Code)

(Email Address) (Home Telephone #) (Cell Phone #)

b. _____
(Name) (Home Address/Zip Code)

(Email Address) (Home Telephone #) (Cell Phone #)

C. _____
(Name) (Home Address/Zip Code)

(Email Address) (Home Telephone #) (Cell Phone #)

(8) Who will be in active charge of the business from May 1, 2012 to April 30, 2013?

NOTE: FINGERPRINT CARDS & PHOTO MUST BE SUBMITTED FOR ANY MANAGER WHO HAS NOT PREVIOUSLY SUBMITTED THEM.

(9) Name of Corporation (IF APPLICABLE): _____

Address of corporation: _____

(a) Stockholders:

Name/Address _____ Shares Owned: _____

Name/Address _____ Shares Owned: _____

Name/Address _____ Shares Owned: _____

Name/Address _____ Shares Owned: _____

(10) Name of Ltd. Liability Co. (IF APPLICABLE): _____

Address of LLC: _____

(a) Percentage ownership interest of entire LLC:

Name/Address _____ Percentage: _____

Name/Address _____ Percentage: _____

Name/Address _____ Percentage: _____

Name/Address _____ Percentage: _____

(11) Name of Partnership (IF APPLICABLE): _____

Address of Partnership: _____

(a) Percentage ownership interest of all general partners:

Name/Address _____ Percentage: _____

Name/Address _____ Percentage: _____

Name/Address _____ Percentage: _____

Name/Address _____ Percentage: _____

(12a)

COMPLETE IF YOUR CURRENT LEASE RUNS THROUGH OR BEYOND 4/30/2012:

STATEMENT OF LICENSEE RE: LEASE

If this statement is not completed, the Statement of Owner of Premises (below) must be completed.

Date: _____

I/We hereby certify that I/We have a lease with _____
(Name of Property Owner)

(Address & Phone Number of Property Owner)

expiring _____ for the property named in the foregoing renewal application for
(Date MM/YY)

Alcoholic Beverage License made by _____ to the Board
(Applicant/s)

of License Commissioners and that I/We hereby authorize the State Comptroller, his duly authorized deputies, inspectors, and clerks; the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officers of said County to inspect and search, without warrant, the premises upon which the business is to be conducted, and any and all parts of the building in which said business is to be conducted, at any and all hours.

(12b)

**COMPLETE ONLY IF YOUR LEASE EXPIRES BEFORE APRIL 30, 2012,
OR IF YOU OWN THE PROPERTY:**

STATEMENT OF OWNER OF PREMISES

If this statement is not completed, the Statement of Licensee (above) must be completed.

Required in connection with Alcoholic Beverage Laws of Maryland:

I/WE HEREBY CERTIFY that I/WE are the owner(s) of the property known as

_____ located at _____
(facility name) (address)

_____ named in the foregoing renewal application made by

_____ to the Board of License Commissioners.
(applicant)

Under the Alcoholic Beverage Laws of Maryland: That I/We assent to the granting of the license applied for, that I/We hereby authorize the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officers of said county to inspect and search, without warrant, the premises upon which the business is to be conducted, at any and all hours.

Witness: _____ (Property Owner) _____
(PRINT NAME)

(Address) _____

(Phone Number) _____

(Property Owner Signature) _____

Date: _____

(13a)

ELECTION OF OFFICERS FORM
CORPORATE MINUTES

(Corp. Name)

President

(Name)

Vice-President

(Name)

Secretary

(Name)

Treasurer

(Name)

(13b)

LIMITED LIABILITY COMPANY
ORGANIZATIONAL RESOLUTION

(Limited Liability Company Name)

Authorized Person

(Name)

Authorized Person

(Name)

Authorized Person

(Name)

AFFIDAVIT'S

- (14) Are you applying for catering privileges (available only to BBWL licensees)?
(If so, also fill out catering privileges application):

YES NO

If you have catering privileges, are you requesting continued approval?

YES NO

- (15) Are you applying for an outdoor café? (If so, also fill out outdoor café application):

YES NO

Are you requesting continued approval for an outdoor café previously approved by the Board of License Commissioners?

YES NO

- (16) Are you applying for a Beer and/or Wine Sampling Tasting (BWST) License?
(If so, also fill out BWST application):

YES NO

Are you requesting continued approval for BWST License previously approved by the Board of License Commissioners? **** Annual fee \$200**

YES NO

- (17) Ratio Affidavit (For Beer, Wine & Liquor, Class B, or B-K Licensees ONLY):

I/We hereby attest, under the penalty of perjury, that the gross receipts from the sale of alcoholic beverages in the hotel/restaurant - hotel/motel for the twelve month period immediately preceding the application for renewal did not exceed the gross receipts from the sale of food.

YES NO

- (18) State Tax Obligations

I/We hereby agree to keep current all state and local tax obligations including, but not limited to, state sales and use taxes, withholding taxes, and admissions taxes.

Maryland State Sales Tax Account Number:

Extract from Section 16-501 of Article 2B of the Annotated Code of Maryland: *"If any signed statement, affidavit or oath required under the provisions of this Act shall contain any false statement, the offender shall be deemed guilty of perjury, and upon indictment and conviction thereof, shall be subject to the penalties provided by law for that crime."*

All the facts and information contained in the original application as submitted are true and unchanged to this time. **Agree**

I do solemnly declare and affirm under the penalties of perjury that the content of the foregoing document are true and correct to the best of my knowledge, information, and belief.
Agree

(19) ALL APPLICANTS MUST SIGN IN FRONT OF A NOTARY UNDER SECTIONS a, b, or c BELOW.
The (a), (b), or (c) signature lines must correspond to the person(s) listed on number 7, first page.

(a) _____
(Signature of Applicant)

(b) _____
(Signature of Applicant)

(c) _____
(Signature of Applicant)

(d) _____
(Signature of President or Vice-President)

****IF FILED AS A CORPORATE APPLICATION, THE PRESIDENT OR VICE PRESIDENT MUST ALSO SIGN ON LINE (d) ABOVE, IN ADDITION TO SIGNING AS AN APPLICANT ON LINE (a), (b), OR (c). THE SIGNATURE ON LINE (d) MUST ALSO BE NOTARIZED BELOW.***

State of _____ County of _____

I hereby certify, that on this _____ day of _____, in the year _____ before the subscriber, a notary public of the state of _____, personally appeared: (a) _____,

(b) _____, (c) _____, and (d) _____

the above named in this renewal application, who made oath in due form of law that the matters and facts contained in said application are true and correct.

Witness my hand and official seal:

Signature of Notary Public

SEAL

Printed Name of Notary Public

My commission Expires: _____